

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02614

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Union Bridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural - New Churchville
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Cora Jane Albaugh

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or Lalie O Albaugh

B. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Sept 26 - 1881

8. AGE:

Years

Months

Days

If less than one day

64525

hrs.

min.

9. Birthplace

Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

at home

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

Mary E. Hahn

15. Birthplace

Maryland

16. Informant

Lalie O Albaugh

Address

Union Bridge Md Route 217. Burial
(Burial, cremation, or removal. Which?)Date thereof MARCH 23 - 1946
(month) (day) (year)

Cemetery or crematory

Union Chapel Cemetery

Location

New Liberty town Maryland

18. Funeral director

D. D. Smith & Son

Address

Union Bridge & New Churchville Md

19.

Date rec'd by registrar

Mar. 23 1946Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21 1946 at 19 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1 1946 to Mar 21 1946and that I last saw him alive on Mar 20 1946

Immediate cause of death

Heart failure

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. Wooten M.D.
Address Union Bridge Date signed Mar 22

RECEIVED

MAR 29 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6

CERTIFICATE OF DEATH

★ 02615 131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

113 Water Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 113 Water Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

SANDRA JEAN BAER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 7, 1945

8. AGE: Years 0 Months 6 Days 7 If less than one day hrs. min.

8. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Franklin T. Baer

13. Birthplace Frederick County, Maryland

14. Maiden name Mary E. Smith

15. Birthplace Frederick County, Maryland.

18. Informant Franklin T. Baer

Address 113 Water St., Frederick, Md.

17. Burial Date thereof 3/15/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland.

19. 14 March 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14th, 19 46, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....
and that I last saw h. about March 14 19 46
alive on March 14

Immediate cause of death Myocardial infarction DURATION 6 hrs

Due to

Due to

Other conditions

(Include pregnancy within 9 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE P. W. Baer DR. R. W. BAER
MEDICAL EXAMINER

Address Frederick, Md. Date signed 3.14.46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

3411 N. Charles St., Baltimore


2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

HTA30 90. 03.13.11

(newest thirteen with the JAGUI and the oldest to the oldest 11)

between such events occurs to be, in fact, illegitimate.

...not to be taken as a sign of weakness.



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MAR 19 1947

BUREAU V. 2

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(mon) (day) (year)

NOTES ON CONTRIBUTORS

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23. ZIBUTANGI

M. D. or other

MEDICAL CERTIFICATION

DATE OF BIRTH

12. I CERTIFY that each account on the above sheet is the best account of the assets and liabilities of the partnership as of the date stated in the heading of the sheet.

1997-1998

It is not stated.

...at end

Dr. J. A. ...

Other conditions

(Please do not use this form for any other purpose)

Major findings of operations.

.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Additional, suitable or possible

.....

***** (b) (7) (D) *****

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02616

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 30 Hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert Lee Bittle

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married8. (b) Name of husband or wife Dessie May Carter

7. Birth date of deceased (mo., day, yr.)

August 26, 19186. (c) If alive, give age 25 years

8. AGE:

Years 27Months 7Days 5

It less than one day

hrs. _____ min. _____

9. Birthplace Myersville Frederick Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Silas D. Bittle13. Birthplace Myersville, Md.14. Maiden name Daisy Grossnickle15. Birthplace Myersville, Md.16. Informant Silas D. BittleAddress Myersville Md.17. Burial Date thereof 4-3-46
(Burial, cremation or removal, which?) (month) (day) (year)Cemetery or crematory Grossnickle CemeteryLocation Ellerton, Md.18. Funeral director Bladell Co.Address Middleton, Md.19. Apr 3 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1946 at 9:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 25 1946, to Mar 31 1946and that I last saw him alive on Mar 31 1946

Immediate cause of death _____ DURATION _____

Due to Typhoid fever 2 wks

Due to _____

Other conditions Hemorrhage per anum 6 hrsfrom intestine

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? now (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Hays M.D. M. D. or otherAddress Middleton Date signed 4-1-46

RECEIVED
APR 5 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (232)

02617

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Rural Mt Pleasant
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Waltersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Barrie husband Boone

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife James Boone6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) 10 15 18748. AGE: Years 71 Months 5 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co Md
(Town, county, and state)10. Usual occupation House Wife

11. Industry or business

12. Name Michael husband13. Birthplace Frederick Co Md14. Maiden name Gene Myers15. Birthplace Frederick Co Md16. Informant Elmer BooneAddress Waltersville Md17. Burial Date thereof 3 25 1946
(Burial, cremation, or removal, when) (month) (day) (year)Cemetery or crematory Union ChapelLocation Libertytown Md18. Funeral director G. C. BartonAddress Waltersville Md19. 25 March 1946 Elizabeth Heck
(Data rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1946 at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 1946 to March 22 1946and that I last saw her alive on March 21 1946Immediate cause of death apoplexy

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work? _____

23. SIGNATURE Samuel E. Gastonday M. D. or otherAddress Waltersville, Md Date signed March 24, 46

RECEIVED

MAR 26 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH

County BrunswickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Shaffer Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 101 West 13 St
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Infant Bruce

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years
March 30, 1946

8. AGE:

Years

Months

Days

If less than one day

112

hrs.

30

min.

9. Birthplace

MD.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

George Bruce

13. Birthplace

Brunswick MD

14. Maiden name

Dorothy Jewel

15. Birthplace

May MD.

16. Informant

Yes, Bourers

Address

Brunswick MD

17.

(Burial, cremation, or removal, Which?)

Date thereof

April 1, 1946
(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick MD

18. Funeral director

C. H. Felt & Son

Address

Brunswick MD

19.

4-1-4
(Date rec'd by registrar)

19.

46 Eugenia H. Barber
Registar

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 31 1946, at 2 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March, 30 1946 to March, 31 1946and that I last saw him alive on March, 31 1946

Immediate cause of death

Prematurity

DURATION

2 1/2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

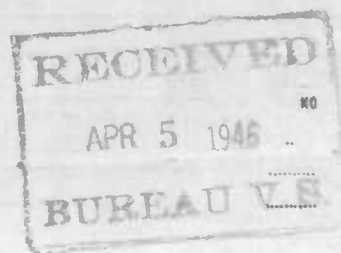
Injured at work?

23. SIGNATURE

W. J. Carpenter

M. D. or other

Address Lowellville, Va. Date signed 3/31/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1622

02619

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: *Libertytown, Md.*
 County.....
 City or town.....*Union Bridge, R.S.*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*100 yrs*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Md.* County.....*Frederick*
 City or town.....*Union Bridge, R.S.*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....*Libertytown, Md.*
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME
Rosa Louisa Bowhan

3. (b) Social Security Number

4. Sex.....*Female* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Widowed*
 8. (b) Name of husband or wife.....*Thomas Bowhan*
 7. Birth date of deceased (mo., day, yr.).....*Sept. 19, 1844* 6. (c) If alive, give age.....years
 8. AGE: Years.....*101* Months.....*6* Days.....*7* If less than one day.....hrs.....min.....

9. Birthplace.....*Libertytown, Md.*
 (Town, county, and state)

10. Usual occupation.....*Housewife*

11. Industry or business

12. Name.....*Engel Garrow*

13. Birthplace.....*Libertytown, Md.*

14. Maiden name.....*Sarah Baruchant*

15. Birthplace.....*Libertytown, Md.*

16. Informant.....*Thomas Bowhan*

Address.....*Libertytown, Md.*

17. *Burial* (Burial, cremation, or removal, Which?) Date thereof.....*March 27, 1946*

Cemetery or crematorium.....*Fairmount*

Location.....*Libertytown, Md.*

18. Funeral director.....*Beall & Hastyler*

Address.....*Woodsboro, Md.*

19. *3-28* 19*46* *Edward A. Gussman* Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....*March 26* 19*46* at.....*6 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....*Apr. 2* 19*32* to.....*Mar. 26* 19*46*
 and that I last saw him/her alive on.....*Mar. 25* 19*46*

Immediate cause of death.....

DURATION

Infirmities of old age

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*Dr. W. Beall, M.D.*

Address.....*Libertytown, Md.* Date signed.....*3/26/46*

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 30 1946

BUREAU V.S.

1001-5-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02620

Reg. Dist. No.

131

1. PLACE OF DEATH:

County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel Grayson Burrier

3. (b) Social Security Number

4. Sex male5. Color or race W6. (a) Single married, widowed, or divorcedmale W Married6. (b) Name of husband or wife mae Pannsburg Burrier6. (c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) Jan 19 18778. AGE: 69 Years 2 Months 21 Days hrs. min.9. Birthplace Frederick Co Md
(town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Calvin S. Burrier13. Birthplace Frederick Co Md14. Maiden name Flora Crumbridge15. Birthplace Frederick Co Md16. Informant Mrs mae BurrierAddress Walkersville Md17. Burial Date thereof March 24 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt HopeLocation Woodstock Md18. Funeral director L. C. BartonAddress Walkersville Md19. 23 March 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 19 46 at 4 A: M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 39 to March 21 19 46
and that I last saw him alive on March 20 19 46Immediate cause of death Acute Hemorrhage

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE C. E. Easterday

M. D. or other

Address Walkersville Md Date signed 3/21/46

CERTIFICATE OF DEATH

RECEIVED
MAR 25 1946
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02621

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Fannie Louisa Caldwell

3. (b) Social Security Number

4. Sex Female5. Color or race white6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband John Joseph Stue7. Birth date of deceased (mo., day, yr.) November 10, 1863

6.(c) If alive, give age _____ years

8. AGE: Years 82 Months 4 Days 15 If less than one day _____ hrs. _____ min.9. Birthplace Pennsylvania
(Town, county and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Fannie Louisa Caldwell13. Birthplace Pennsylvania14. Maiden name Louisa Stuebaugh15. Birthplace Frederick County, Maryland16. Informant Virginia LittleAddress Emmitsburg Hosp. Frederick, Md.17. Burial Date thereof Mar 28, 1946
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mt. ViewLocation Emmitsburg, Md.18. Funeral director S. L. AllisonAddress Emmitsburg, Md.19. 25 March 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1946 at 1 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 1, 1946 to Mar. 25, 1946 and that I last saw him/her alive on March 25, 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

3 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas

M. D. or other

Address Frederick, Md. Date signed March 26, 1946

RECEIVED

MAR 27 1946

BUREAU U S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02622

Reg. Diat. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
Since 6/23/45
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/23/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. W. Antietam St. (Charles Hotel)
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

John A. Collier

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Separated

6.(b) Name of ~~husband~~ wife Anna Collier, 728 S. Main
St. Newark, N.Y.

7. Birth date of

deceased (mo., day, yr.)

March 11, 1898

6.(c) If alive, give age 52 years

8. AGE:

Years

Months

Days

If less than one day

48

0

9

hrs.

min.

9. Birthplace

Williamson, N.Y.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

William J. Collier

13. Birthplace

New York

MOTHER

14. Maiden name

Ellen J. Sprague

15. Birthplace

New York

16. Informant

Deceased

Address

17.

Reburial
(Burial, cremation, or removal. Which?)

Date thereof

Unknown
(month) (day) (year)

Cemetery or crematory

Location

New York Wayne Co., N.Y.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19.

3/20/46
(Date rec'd by registrar)

19.

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 20 19 46 at 12:01 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 23 19 45 to March 20 19 46and that I last saw him alive on March 20 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

16 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. B. Baccin

M. D. or other

Address State Sanatorium, Md. Date signed 3/20/46

RECEIVED

MAR 21 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war _____ none

3. (a) FULL NAME

Rev. Dr. Atville Conner3. (b) Social Security Number
none4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced
married6. (b) Name of husband or wife Ada N. Stauffer6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) July 16, 18658. AGE: Years 80 Months 8 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace Fairplay, Washington, Md.
(Town, county, and state)10. Usual occupation Minister of the Gospel

11. Industry or business _____

FATHER 12. Name Atville Conner,13. Birthplace Nr. Woodstock, Va.MOTHER 14. Maiden name Catherine Reeser,15. Birthplace Nr. Woodstock, Va.16. Informant Mrs. Atville Conner,Address Walkersville, Md.17. Burial Date thereof 3/27/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet,Frederick, Md.

Location _____

18. Funeral director M. R. Etchison & Son,Address Frederick, Md.19. 27 March 1946 Elizabeth G. H. H. H.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 4620. DATE OF DEATH March 24th., 19 46 7.20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 24 45 to Mar 24 46and that I last saw h. alive on Mar 24 19 46Immediate cause of death Uremia DURATION 2 daysDue to Chronic urinary infection 10 yrs+ septicemia.Due to Adrenocortical

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. P. Price M.D.

Jefferson, Md. M. D. on other _____

Address _____ Date signed 3/28/46

RECEIVED

MAR 29 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02624

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/18/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/18/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 711 W. Washington St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

George C. Cooper, George C.

3. (b) Social Security Number

214-09-7176

4. Sex

Male White

5. Color or race

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of deceased wife

Gladys Cooper

7. Birth date of deceased (mo., day, yr.)

2/24/1903

6. (c) If alive, give age

33 years

8. AGE:

Years

Months

Days

If less than one day

4311

hrs.

min.

9. Birthplace

Ansted, W. Va.

(Town, county, and state)

10. Usual occupation

Repairman

11. Industry or business

FATHER
MOTHER

12. Name

Thomas R. Cooper

13. Birthplace

Virginia

14. Maiden name

Ella Almand

15. Birthplace

W. Va.

18. Informant

Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3/28/46

(month) (day) (year)

Cemetery

Rose Hill

Location

Hagerstown, Maryland

18. Funeral director

F. W. Kraiss

Address

Hagerstown, Maryland

19. (Date rec'd by registrar)

3/15/46

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1946, at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 18 1946, to March 25 1946and that I last saw him alive on March 25 1946

Immediate cause of death

Carcinoma of the lungs

DURATION

5 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

R. G. Sallis

M. DYCKER

Address State Sanatorium, Md. Date signed 3/25/46

RECEIVED

MAR 27 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

02625

131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Fred.City or town Libertytown
(If outside city or town limits, write RURAL and give nearest town)Street No. -

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Jerry Calvin Crampton4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced ✓B.(b) Name of husband or wife -B.(c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) Jan. 19, 19468. AGE: Years 6 Months 2 Days 1 It less than one day 56 hrs. - min.B. Birthplace Fred., Fred. Co., md.
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name Luther B. Crampton, Jr.13. Birthplace Fred. Co.14. Maiden name Isabelle Smith15. Birthplace Fred. Co.16. Informant Luther B. Crampton, Jr.Address Libertytown17. Burial Date thereof Mar 22, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Union Chapel CemeteryLocation LibertytownG. C. Bester18. Funeral director W. C. BesterAddress W. C. Bester19. 21 March 19 46 Elizabeth Heck
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 19 46 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 16 19 46 to March 20 19 46and that I last saw him alive on March 20 19 46Immediate cause of death 90% to extent, acute

DURATION

90% to extent, acuteDue to -Due to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE E. C. BesterAddress W. C. Bester M. D. or other -Date signed March 24, 46

RECEIVED

MAR 22 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

02626

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 122 West Patrick St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3.(a) FULL NAME

Bettie Elizabeth Cronise

3.(b) Social Security Number

none

4. Sex

female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widowed6.(b) Name of husband or wife Willbert Cronise
(Dead)

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 18718. AGE: Years Months Days If less than one day
74 2 18 _____ hrs. _____ min.9. Birthplace Newtown, Frederick, Md
(Town, county, and state)10. Usual occupation ✓

11. Industry or business

12. Name Jacob Keller Jr.13. Birthplace Frederick, Co Md14. Maiden name Annis Watkins15. Birthplace Frederick Co16. Informant Ruth K. CroniseAddress Frederick, Md.17. Burial Date thereof 3/14/46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory CentralLocation Central, Md18. Funeral director Harry E. Gault CoAddress Frederick, Md.19. 13 March 19 46 Elizabeth G. Heda
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 11 19 46 at 10.25 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 3 19 45 to March 11 19 46 and that I last saw him alive on March 11 19 46

Immediate cause of death

Chronic Myocarditis

DURATION

6 mos. +Due to Dissecting1 yr. +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work?

23. SIGNATURE B. O. Hedges M. D. or otherAddress Frederick, Md Date signed 3/23/46

RECEIVED

MAR 14 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (no)

CERTIFICATE OF DEATH

02627

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City, Md.
How long in hospital or institution? Died in hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 213 West Fifth Street
(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (a) FULL NAME

JAMES RUSSELL DIXON

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 12, 1930 6. (c) If alive, give age 16 years

8. AGE: Years 15 Months 9 Days 27 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Student

11. Industry or business Frederick High School

FATHER 12. Name Wilmer R. Dixon
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Buelah M. Gerringer
15. Birthplace Carroll County Maryland

16. Informant Wilmer R. Dixon
Address 213 W. 5th St., Frederick, Md.

17. Burial 3/12/46
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 12 March 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th; 19 46 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19
and that I last saw him in DEAD March 9 19 46

Immediate cause of death Severe lacerations
face & neck. Fracture
of skull, possible
fracture of neck

DURATION

2 hr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3.9.46

Where did injury occur? Near New Market Frederick and
(City or town) (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury auto accident injured at work? no

23. SIGNATURE

Bar Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 3-11-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 13 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

02628

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 9/1/44**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 9/1/44**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
Maryland County **Carroll**
 State.....
 City or town **Keymar**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME
Emila I. Elgin

3.(b) Social Security Number
None

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Divorced**

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **9/5/1910** 6.(c) If alive, give age..... years

8. AGE: Years **35** Months **6** Days **8** If less than one day
 hrs. min.

9. Birthplace **Gathersburg, Md.**
 (Town, county, and state)

10. Usual occupation **Trained nurse**

11. Industry or business

FATHER 12. Name **John Dintaman**
 13. Birthplace **Pennsylvania**

MOTHER 14. Maiden name **Daisy Sagemacher**
 15. Birthplace **Virginia**

16. Informant **Deceased**

Address
 17. (Burial, cremation, or removal. Which?) **Burial** Date thereof **Mar. 11, 1946**
 (month) (day) (year)
 Cemetery or crematory **Antietam Union Cem.**
 Location **Lorettsville, Va.**

18. Funeral director **C. H. Feete & Bro.**
 Address **Brunswick, Maryland**

19. **3/13/46** 19.....
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 13** 19 **46** at **4:40 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 1 19 **44** to **March 13** 19 **46**
 and that I last saw him/her alive on **March 13** 19 **46**

Immediate cause of death.....
Bilateral Pulmonary Tuberculosis
 DURATION
2 Yrs. & 1 Mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **R. G. Baconi**

M. D. **KOKK**
 Address **State Sanatorium, Md.** Date signed **3/13/46**

RECEIVED

MAR 14 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 59-2 +

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Union Bridge Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Johnsville
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Herby Clifford Eyler

3. (b) Social Security Number

213-03-1031

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Linda Iva Eyler
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 26 1898
 8. AGE: Years 47 Months 9 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Machinist
 11. Industry or business Lehigh Portland Cement Co
 12. Name Herby Clay Eyler
 13. Birthplace Maryland
 14. Maiden name Mary Metz
 15. Birthplace Maryland

18. Informant Mrs Linda Iva Eyler
 Address Union Bridge Maryland
 17. Burial Date thereof March 5-1946
 (Burial, cremation, or removal, when?) (month) (day) (year)
 Cemetery or crematory Methodist Church Cemetery
 Location Middleburg, Maryland
 18. Funeral director D. Hartzler & Sons
 Address Union Bridge & New Windsor Md
 19. March 5 1946 Elizabeth G. Hick
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1946 at 12.45 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8, 1946 to March 3, 1946 and that I last saw him alive on March 2, 1946

Immediate cause of death _____

DURATION

Due to Sarcoma ofDue to rt. testicle

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. Legg M. D. or otherAddress Union Bridge Date signed 3-4-46

RECEIVED

MAR 20 1946

BUREAU

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2 +

02630

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH

County Frederick
 City or town Brownsville
 (if outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Mo 15 days

Hospital, institution, or street address where death occurred:

124 7th Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County RockinghamCity or town Harrisonburg
 (if outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Eustace Eugenia Fadley

3. (b) Social Security Number

—

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife T. A. Fadley

7. Birth date of deceased (mo., day, yr.)

Jan. 25 - 1876

6. (c) If alive, give age _____ years

8. AGE:

Years

70

Months

2

Days

3

If less than one day

hrs. _____ min. _____

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Germiah Tutwiler

13. Birthplace

Va.

MOTHER

14. Maiden name

Rebecca Earmore

15. Birthplace

Va.

16. Informant

Ella M. Holler

Address

Brownsville Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

Mar. 31 1946

Cemetery or crematory

Wm. Pleasant

Location

Harrisonburg Va

18. Funeral director

C. N. Tutwiler

Address

Brownsville Md.19. 3-2819. 46Eugenia T. Burk

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28th 1946 at 3 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15 1946 to March 15 1946and that I last saw him alive on March 27 - 46

Immediate cause of death

Carcinoma of Liver

DURAT

?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William Schaffer

M. D. or other

Address

Brownsville Md.

Date signed

G. H. [unclear]
928 [unclear]

RECEIVED

APR 1 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Rural W. Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 16 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?... —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... md County... Frederick
 City or town... Rural W. Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war... none

3. (a) FULL NAME

William Brown Faurer

3. (b) Social Security Number

4. Sex... M 5. Color or race... W 6.(a) Single, married, widowed, or divorced... married

6.(b) Name of husband or wife... Minnie P. Thompson
 6.(c) If alive, give age... 46 years

7. Birth date of deceased (mo., day, yr.)... May 15, 1890
 8. AGE: Years... 55 Months... 10 Days... 1 It less than one day... _____ hrs. _____ min.

9. Birthplace... Charlestown, W. Va.
 (Town, county, and state)

10. Usual occupation... farmer laborer

11. Industry or business... —

12. Name... William Faurer

13. Birthplace... West Virginia

14. Maiden name... do not know

15. Birthplace... —

16. Informant... Minnie P. Faurer

Address... Walkersville, md.

17. Burial Date thereof... Mar. 19, 1946
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory... Glade Cemetery

Location... Walkersville

18. Funeral director... G. C. Barton

Address... Walkersville

19. 18 March 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 16 19 46 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 19 46 to March 16 19 46 and that I last saw him alive on March 16 19 46

Immediate cause of death... Pneumonia, Lobar

DURATION

Due to... _____

Due to... _____

Other conditions... _____

(Include pregnancy within 8 months of death)

Major findings of operations... _____

Date of op... _____

Autopsy results... _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... _____ Date of... _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... G. P. Postaday

M D, or other

Address... Walkersville, Md. Date signed... March 19/46

153

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAR 19 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/2

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Broadrun Burkittsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Broad Run Burkittsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel L. Fawley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Sadie Houser
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 15th, 1864
 8. AGE: Years 81 Months 3 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Retired farmer
 11. Industry or business Farming
 12. Name John Fawley
 13. Birthplace Virginia
 14. Maiden name Mary C. Loy
 15. Birthplace Virginia

16. Informant V. K. Fawley
 Address Burkittsville, Maryland
 17. Burial Burial Date thereof April 1, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Union Cemetery
 Location Lovettsville, Virginia
 18. Funeral director L. A. Rosta & Son
 Address Brunswick, Maryland
 19. 1946 Marie Gladhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29th, 1946 at 4:25 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10th, 1943 to Mar. 29th, 1946
 and that I last saw him alive on March 29th, 1946

Immediate cause of death Cardiovascular renal disease DURATION 3 yrs.

Due to Cerebral accident 9/25/45
 2d " " 12/13/45

Due to General senile degeneration
extending over several years.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. [Signature]
 Address Frederick, Maryland Date signed 3/30/46

RECEIVED
APR 6 1946
BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 02633 145

1. PLACE OF DEATH;

County FrederickCity or town Myersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Myersville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Martha E. Flook

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female white widowed6.(b) Name of husband or wife John P. Flook7. Birth date of deceased (mo., day, yr.) March 9, 1864

B.(c) If alive, give age years

8. AGE: Years Months Days It less than one day

82 0 15 hrs. min.9. Birthplace Burkittsville, Frederick Co., Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Joseph Young13. Birthplace Burkittsville, Md.14. Maiden name Charlotte Young15. Birthplace Burkittsville, Md.16. Informant Albert D. FlookAddress Myersville, Md.17. Burial Date thereof 3-27-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory U. R. CemeteryLocation Myersville, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. 3-29-46 Edgar Bitts

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1946, at 2:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1946 to March 24, 1946 and that I last saw her alive on March 23, 1946

Immediate cause of death

Chronic Myocarditis

DURATION

3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? None (City or town) (County) (State)

Injured at home, tap, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J E Hay M.D. or otherAddress Middletown Date signed 3-24-46

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APR 1 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02634

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 4/2/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 4/2/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Route #2
(If rural, give LOCATION)
2.(a) if veteran, name war _____

3. (a) FULL NAME

Pauline Ruth Foster

3. (b) Social Security Number

215-20-3899

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband Mr. Wilmer Foster 6.(c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) June 27, 1925
8. AGE: Years 20 Months 8 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Derwood, Md.
(Town, county, and state)
10. Usual occupation Houswife
11. Industry or business _____

12. Name Charles W. Easton
13. Birthplace Derwood, Md.
14. Maiden name Ethel E. Orme
15. Birthplace Frederick Co., Md.

16. Informant Pauline Ruth Foster
Address on commision
17. Burial Date thereof March 12, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rock Creek Cem.
Location Washington, D.C.
18. Funeral director W. Herbert Gumply
Address Suburban
3/8/46

19. (Date rec'd by registrar) _____ Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 19 46 at 9:30 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19 45 to March 8 19 46
and that I last saw her alive on March 8 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 32 Mos.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Ralph V. Baconi M. D. xxx
Address State Sanatorium, Md. Date signed 3/9/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 12 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

02635

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 140 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Egna Milton Fritzy

3. (b) Social Security Number

4. Sex 74. 5. Color or race 24. 6.(a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife Mary Elizabeth Smith
 7. Birth date of deceased (mo., day, yr.) Feb. 7. 1857
 6.(c) If alive, give age _____ years
 8. AGE: Years 89 Months 0 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Carroll Co. Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Mathias Fritzy
 13. Birthplace Carroll Co. Md.
 14. Maiden name Julia Ann Jeff
 15. Birthplace Carroll Co. Md.

18. Informant Mrs. John Baugher
 Address Libertytown Md.

17. Burial Date thereof Mar. 6/1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Farmington

Location Libertytown Md.

18. Funeral director Rudd & Hartley

Address 21 Woodsboro, Md.

19. Mar. 8 19 46 Grand Registrar
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10-46 19 46 at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 4 - 19 43 to 3-10-1946 and that I last saw him alive on 3-7-1946 19 46

Immediate cause of death Coronary Thromboses

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Egna F. Beall, 24. 5.

Address Libertytown Md. M. D. or other 3/8/1946
 Date signed

RECEIVED

CENTRAL BUREAU OF HEALTH

U.S. DEPARTMENT OF HEALTH

RECEIVED
MAR 9 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40

Hospital, institution, or street address where death occurred:

Schuyler HospitalHow long in hospital or institution? 2 dr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 5 East 13
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Henry William Gideon

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Ellen V Hartman

7. Birth date of deceased (mo., day, yr.)

Feb. 2 1873

5. (c) If alive, give age

66 years

8. AGE:

Years

Months

Days

If less than one day

73128

.....hrs.min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Painter & Paper Hanger Retired

11. Industry or business

FATHER

12. Name

H. W. Gideon

13. Birthplace

Germany

MOTHER

14. Maiden name

Mary C. Handright

15. Birthplace

England

16. Informant

Mary Gideon

Address

Hagerstown Md

17.

(Burial, cremation, or removal) Which?

Date thereof

April 1, 1946
(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick Md

18. Funeral director

B. H. Futch & Bro

Address

Brunswick Md.

19.

(Date rec'd by registrar)

4-1-46 (a) Eugenia H. Burke

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1946 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 28 1946 to March 30 1946and that I last saw him alive on March 30 1946

Immediate cause of death

Decompensated heart

DURATION

?

Due to

Arteriosclerosis?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William Schuyler

M. D. or other

Address

Brunswick MdDate signed March 30 1946

RECEIVED

APR 2 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49)

CERTIFICATE OF DEATH

Reg. Dist. No. 02637 141

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 44 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....MD County.....Frederick
 City or town.....Brownsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 416-5th Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....710

3. (a) FULL NAME John W. Gladstone

3. (b) Social Security Number
705-10-3670

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Stanton Eavens

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1901 8. (c) If alive, give age..... years

8. AGE: 44 Years 4 Months 17 Days If less than one day..... hrs. min.

9. Birthplace Brownsville Md
 (Town, county, and state)

10. Usual occupation PROPR Car Inspector

11. Industry or business B+O R.R. Co

12. Name Arthur Gladstone

13. Birthplace Va

14. Maiden name Lillie Shroyer

15. Birthplace Va

16. Informant Mrs. Beanie Haffner

Address Brownsville Md

17. Burial Date thereof Mar 6 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Smith'sville Va

18. Funeral director C. J. Fester & Bros

Address Brownsville Md

19. Mar. 6 19 46 Kathryn H. Brown
 (Date rec'd by registrar) (month) (day) (year) (Signature) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 4 19 46 at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on March 4 19 46

Immediate cause of death Crushing

wound to head + chest

fracture of left hip

Due to fracture of left

hand

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of op. 3.4.46

Where did injury occur? Brownsville Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) B+O R.R.

Means of injury Freight car Injured at work? yes

23. SIGNATURE Frederick Deputy Med

Address Frederick Date signed 3.4.46

RECEIVED
MAR 7 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

CERTIFICATE OF DEATH

Reg. Dist. No. 139

02638

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 10/31/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 10/31/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
 City or town Perryville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Jennie Groves

3. (b) Social Security Number

214-22-8469

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband Francis Groves
Landenburg, Pa. 6.(c) If alive, give age 23 years
 7. Birth date of deceased (mo., day, yr.) Oct. 16, 1925
 8. AGE: Years 20 Months 5 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Chester County, Pa.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____

FATHER 12. Name Frank Marston
 13. Birthplace Quebec, Canada
 14. Maiden name Jean Read
 15. Birthplace Greenville, Delaware

MOTHER 16. Informant Mrs. Jean McNeal (Mother)
 Address Perryville, Maryland

17. Burial Date thereof April 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Principio Cem.
 Location Principio, Frederick Co. Md.

18. Funeral director Lee A. Patterson & Son
 Address Perryville, Maryland

19. March 19/1946
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 19 46 at 8:55A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 31 19 45 to March 29 19 46
 and that I last saw him/her alive on March 29 19 46

Immediate cause of death Bilateral far advanced pulmonary tuberculosis
 DURATION 1 Yr.

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE R. G. Bacon
 M. D. _____

Address State Sanatorium, Md. Date signed 3/29/46

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 64

TO DIRECTOR

RECEIVED

APR 1 1946

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1790

02639

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: Fredericks
County Brunswick
City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Schnauffer Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State V. County ...
City or town (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war ...

3. (a) FULL NAME Teretha Faye Harrison 3. (b) Social Security Number ...

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife ...

6. (c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) June 22 1945

8. AGE: Years 8 Months 20 Days ... hrs. ... min.

9. Birthplace Brunswick, Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name Rendall Victor Harrison

13. Birthplace Sandy Hook, Maryland

14. Maiden name Brenda Virginia Edwards

15. Birthplace Longwood County Virginia

16. Informant Mr. Rendall V. Harrison

Address R.F.D. #2 Hayslet Ferry, W.Va.

17. Burial Date thereof March 6 1946
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Lebanon Cemetery

Location Longwood County Virginia

18. Funeral director L.P. Coakley

Address Bohivar, West Virginia

19. 3-14-46 19 46 Eugenia D. Burbe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1946 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... to ... and that I last saw him live on March 14 1946

Immediate cause of death Phenobarbital poisoning DURATION 24 hrs
(?)

Due to ...

Due to ...

Other conditions ...

(Include pregnancy within 3 months of death)

Major findings of operations ...

Antopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 3.13.46

Where did injury occur? Hayslet Ferry W.Va
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of Injury Phenobarbital Injured at work? ...

23. SIGNATURE P.W. Bann Deputy

M. D. or other ...

Address Fredericks, Md Date signed 3.14.46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 16 1946

BUREAU V.E.

RECEIVED

MAR 16 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

02640

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Crutchely Nursing Home

How long in hospital or institution?

2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 301 South Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

ANNIE FLORENCE HEDGES

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>F</u> | 5. Color or race <u>W</u> | 6. (a) Single, married, widowed, or divorced <u>W</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or John W. Hedges

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 11, 1863

| | | | | |
|---------|-----------|----------|-----------|-----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>82</u> | <u>2</u> | <u>27</u> | _____ hrs. _____ min. |

9. Birthplace Nr. Doubs-Frederick-Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business

| | |
|--------|---|
| FATHER | 12. Name <u>John Dixon</u> |
| | 13. Birthplace <u>Frederick County Maryland</u> |

| | |
|--------|---|
| MOTHER | 14. Maiden name <u>Sarah Jane Michael</u> |
| | 15. Birthplace <u>Frederick County Maryland</u> |

18. Informant Family Records

Address

17. Burial Date thereof 3/11/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 March 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 1946 at 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 2nd 1946 to March 8th 1946
and that I last saw him alive on March 8th 1946

Immediate cause of death

Coronary Occlusion
Arterio Sclerosis
and Hypertension

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury

Injured at work?

23. SIGNATURE Frank H. Hedges M. D.

M. D. or other

Address Frederick, Maryland Date signed 3-9-46

RECEIVED

MAR 12 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02641

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 Years
 Hospital, institution, or street address where death occurred:
Sunnyside
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Sunnyside
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

FRANCES CORNELIA HERBERT

3.(b) Social Security Number

None

| | | |
|---|------------------------------|---|
| 4. Sex <u>F</u> | 5. Color or race <u>C</u> | 6.(a) Single, married, widowed, or divorced <u>M</u> |
| 6.(b) Name of husband or wife <u>Charles A. Herbert</u> | | |
| B.(c) If alive, give age <u>49</u> years | | |
| 7. Birth date of deceased (mo., day, yr.) <u>March 23, 1897</u> | | |
| 8. AGE: Years <u>49</u> | Months <u>0</u> | Days <u>5</u> |
| If less than one dayhrs.min. | | |

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation House-wife

11. Industry or business

| | |
|--------|---|
| FATHER | 12. Name <u>Lynwood Weedon</u> |
| | 13. Birthplace <u>Frederick County Maryland</u> |
| | 14. Maiden name <u>Cora Bowins</u> |
| MOTHER | 15. Birthplace <u>Frederick County Maryland</u> |

16. Informant Charles A. Herbert
 Address R. F. D. #4, Frederick, Md.

17. Burial 3/31/46
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Sunnyside Methodist Cemetery
 Location R. F. D. #4, Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 29 March 1946
 (Date rec'd by registrar) Elizabeth G. Heide
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28th, 1946 at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov 1945 to Mar 28 1946
 and that I last saw him alive on Mar 28 1946

Immediate cause of death Metastatic Carcinoma
 Due to Carcinoma descending Colon
 Due to Colostomy
 Other conditions Colostomy

DURATION

3 mo

4 1/2 mo

4 1/2 mo

(Include pregnancy within 3 months of death)

Major findings of operations Appendix Carcinoma
descending colon Date of op. Nov

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE A. Lawrence Price
 M. D. or other Dr. Price
 Address Frederick, Md. Date signed 3/30/46

RECORDED

APR 2 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (342)

CERTIFICATE OF DEATH

02642

★ Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
City or town R.D. 4, Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town R.D. 4, Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. R. D. Frederick
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Nannie Cora Herbert

3.(b) Social Security Number
none

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or John O. Herbert

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1875 6.(c) If alive, give age years

8. AGE: Years 71 Months 1 Days 0 If less than one day hrs. min.

9. Birthplace Near Jefferson, Frederick, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George W. Nicholas,
13. Birthplace Virginia

MOTHER 14. Maiden name Caroline Carr,
15. Birthplace Virginia

16. Informant Mrs. Jesse Rollins,
Address Frederick, Md. R.D. 4.

17. Burial 3/26/46
(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Cemetery or place of interment Methodist Chapel Cem.
Location Sunnyside, Fred., Md. R.D. 4.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 26 March 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Mar 23 19 46 at 4:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3 19 46 to Mar 23 19 46
and that I last saw her alive on Mar 19 19 46

Immediate cause of death Cerebral Hemorrhage

DURATION
7 weeks

Due to Hypertension & Atherosclerosis

15 yrs

Due to Obesity & Hypertension

10 yrs

Other conditions Cerebral Hemorrhage

2 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Frederick, Md. Date signed 3/23/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 27 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02644

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 days
 Hospital, institution, or street address where death occurred:
Schmayer Hospital
 How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Knobloch
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Knobloch Rd. R. 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Lillie May Himes

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Joseph E. Himes
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 6 - 1893
 8. AGE: Years 52 Months 10 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Bentonville Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name James A. Snapp

13. Birthplace Virginia

14. Maiden name Lula Dovel

15. Birthplace Virginia

16. Informant Joseph E. Himes

Address Knobloch Md. R. 1

17. Burial Date thereof March 18, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Wm. E. Bast & Sons

Address Boonsboro Md.

19. March 16 19 46 Eugenia H. Bush
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 19 46 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 46 to March 15 19 46 and that I last saw him alive on March 15 19 46

Immediate cause of death Metastatic Carcinoma of Liver etc DURATION 1 yr.

Due to Carcinoma of Heart 2 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Lillian Schmayer M.D. or other _____

Address Brunswick Md. Date signed 3/16/46

RECEIVED
MAR 18 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02643

Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick
County.....
City or town..... Bartholows
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 17 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Bartholows
(If outside city or town limits, write RURAL and give nearest town)
Street No..... R.D. Mt. Airy
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME WILLIAM B. HOOD

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
B.(b) Name of husband or wife..... Neva E. Hood
7. Birth date of deceased (mo., day, yr.)..... Jan. 21, 1875
6.(c) If alive, give age..... 73 years
8. AGE: Years 71 Months 1 Days 22 If less than one day
.....hrs.min.

9. Birthplace Frederick Co. Maryland
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business

12. Name Ephriam Hood
13. Birthplace Maryland
14. Maiden name Mary Buxton
15. Birthplace Maryland

16. Informant Mrs. Neva E. Hood
Address Mt. Airy, Maryland

17. Burial Date thereof 3-16-46
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery Prospect
Location near Mt. Airy, Frederick Co. Md
C. M. Waltz
18. Funeral director
Address Winfield, Md.

19. Mar. 15 46 L. R. Falconer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 13, 1946, at 9:P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1944 to March 13 1946
and that I last saw him alive on March 13 1946

Immediate cause of death Coronary occlusion
DURATION 1 day

Due to Arterio Sclerosis 10 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Ernest P. Roub. M.D. or other

Address New Market Md. Date signed March 15/46

RECEIVED

APR 9 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/30/41
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/30/41

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 512 Goldsborough St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

James E. Innes

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 7, 1918
 8. AGE: Years 27 Months 8 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Talbot Co., Md.
 (Town, county, and state)
 10. Usual occupation Bookkeeper
 11. Industry or business _____
 12. Name William S. Innes
 13. Birthplace Maryland
 14. Maiden name Catherine Farley
 15. Birthplace Maryland

18. Informant Deceased
 Address _____
 17. Burial Date thereof Mar. 25, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory New Unknown Cathedral Ceme.
 Location Unknown Baltimore, Md.
 18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland
 19. 3/21 19 46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 19 46, at 9:30 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 19 41, to March 21 19 46
 and that I last saw him alive on March 21 19 46
 Immediate cause of death _____
Pulmonary Tuberculosis DURATION 84 Mos.
Laryngeal Tuberculosis 5 Mos.
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE R. W. Baccin M. D. ✓
State Sanatorium, Md. Date signed 3/22/46

RECEIVED

MAR 23 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8902

CERTIFICATE OF DEATH

02646

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 5 days

3. (a) FULL NAME

James, Mr. Wm.

4. Sex

Male

5. Color or race

White

6. (d) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ellen Tatum

7. Birth date of

deceased (mo., day, yr.)

Aug 14 1861

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

84517

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

12. Name

Lamuel W. James

13. Birthplace

Md.

14. Maiden name

Anna Reese

15. Birthplace

Md.

16. Informant

Mrs W. T. James

Address

Burial

17. (Burial, cremation, or removal) Which

Date thereof Mar 4 1946
(month) (day) (year)

Cemetery or crematorium

Providence Church Cemetery

Location

Harford Co. Md.

18. Funeral director

C. H. Fitch & Son

Address

Burial19. 1-March 1946
(Date rec'd by registrar)Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Brownstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Paul near Brownstown

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1946 at 7:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 24 1946 to March 1 1946and that I last saw him alive on March 1 1946

Immediate cause of death

Cerebral Hemiplegia

DURATION

1 week

Due to

Due to

Other conditions

Arteriosclerosis
Hemiplegia (R.)
(Include pregnancy within 9 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce, M.D.Address Frederick, Md. Date signed March 1, 1946

RECEIVED

MAR 4 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 02647
 ★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
34 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 34 South Market Street
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

MISS MARY CATHERINE JOHNSTON

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 11, 1857

8. AGE: Years Months Days If less than one day

88516

..... hrs. min.

9. Birthplace Frederick, Maryland
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business

12. Name Robert Johnston13. Birthplace Frederick County, Maryland14. Maiden name Mary Markell15. Birthplace Frederick County, Maryland16. Informant Mr. Parsons NewmanAddress Frederick, Maryland17. Burial Date thereof March 29, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 28 - March 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1946 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2:30 P.M. 1946 to March 27 1946and that I last saw him alive on March 26 1946Immediate cause of death Cerebral hemorrhage

DURATION

12 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Thomas M. D. or otherAddress Frederick, Md Date signed March 29, 1946

RECEIVED

APR 1 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (no)

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FredrickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1/2 hour

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Gaithersburg (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Jesse Kaufman

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorcedMarried6.(b) Name of husband or wife Virginia Kaufman6.(c) If alive, give age 36 years7. Birth date of deceased (mo., day, yr.) 1907 ?8. AGE: Years 39 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Union Bridge, Md
(Town, county, and state)10. Usual occupation Former

11. Industry or business

12. Name John H Kaufman13. Birthplace Md14. Maiden name Lucina Nagle15. Birthplace Md16. Informant Mrs Jesse KaufmanAddress Gaithersburg, Md17. Burial Date thereof 3/16/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory MonocacyLocation Beallsville, Md18. Funeral director William B. HiltonAddress Barnesville, Md19. 17 March 1946 Elizabeth G. Heck
(Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1946, at 12:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 16 1946 to March 16 1946
and that I last saw him alive on March 16 1946Immediate cause of death Crushing of chest, fracture of ribs & lungs

DURATION

1 1/2 hrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3-16-46Where did injury occur? near Mt. Pleasant, Md
(City or town) (County or other)Injured at home, farm, industry, public place (where?) Route 26Means of injury auto Injured at work? no23. SIGNATURE DR. R. W. BAERAddress Frederick, Md Date signed 3-16-46

RECEIVED
MAR 19 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02649

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. HomeHow long in hospital or institution? 1 Year & 6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Pikesville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

ESTHER MARY KEYES3. (b) Social Security Number
None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>F</u> | 5. Color or race <u>W</u> | 6. (a) Single, married, widowed, or divorced <u>M</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife John A. Keyes6. (c) If alive, give age 81 years7. Birth date of deceased (mo., day, yr.) September 28, 1863

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>82</u> | <u>5</u> | <u>10</u> | _____hrs. _____min. |

9. Birthplace Ontario, Canada
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Adam Spencer13. Birthplace Ireland14. Maiden name Mary Currie15. Birthplace Canada16. Informant I. O. O. F. Home RecordsAddress Frederick, Md. R. F. D. #117. Burial Date thereof 3/11/46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Stone Chapel CemeteryLocation Pikesville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 March 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 19 46 at 10:05 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 46 to March 8 19 46.and that I last saw him alive on March 8 19 46.Immediate cause of death Angina Pectoris

DURATION

15 hoursDue to Chronic myocarditis 1 year

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. M. Linch M. D.Address Frederick, Maryland Date signed 3-9-46

RECEIVED

MAR 12 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1370

CERTIFICATE OF DEATH

02650

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Woodstock
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2(a) If veteran, name war. none

3. (a) FULL NAME

Coral Alice Syling

3. (b) Social Security Number

none

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or

Poscoe M. Syling

7. Birth date of

deceased (mo., day, yr.)

July 6, 19316. (c) If alive, give age 67 years

8. AGE:

Years

Months

Days

If less than one day

6489

hrs.

min.

9. Birthplace

Indiana

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own home

12. Name

Luther Surrer

13. Birthplace

MD

14. Maiden name

Mary Sutton

15. Birthplace

MD

16. Informant

Poscoe M. Syling

Address

Woodstock MD

17. Burial

(Burial, cremation, or removal of body)

Date thereof Mar. 17, 1946
(month) (day) (year)

Cemetery or crematory

Wt. Hope

Location

Woodstock MD

18. Funeral director

Burley Hartger

Address

Woodstock MD19. 16 March

(Date rec'd by registrar)

19 46Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 19 46, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 39, to March 15 19 46.and that I last saw her alive on March 14 19 46.

Immediate cause of death

Hypertensive Cardio Vascular
renal disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

O. E. E. E. E. E.

M. D. or other

Address Woodstock, MD Date signed 3/15/46

RECEIVED

MAR 19 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ~~correct~~ age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

02651 / 32
Reg. Dist. No.

1. PLACE OF DEATH: Fredricks
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fredricks
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME Simon Harvey Kogee

3. (b) Social Security Number
NONE

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Simon H. Kogee

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1867
8. AGE: Years 79 Months 1 Days 23 hrs. min.

9. Birthplace Middletown, Fredricks County, Md
(Town, county, and state)

10. Usual occupation Retired Postal Clerk

11. Industry or business

12. Name David H. Kogee

13. Birthplace Middletown, Md

14. Maiden name Ann Catherine Knight

15. Birthplace Middletown, Md

16. Informant Mrs. Simon H. Kogee

Address Middletown, Md

17. (Burial, cremation, or removal, which?) Burial Date thereof March 7 1946
(month) (day) (year)

Cemetery or crematory Reformed

Location Middletown, Md

18. Funeral director Gladhill Co.

Address Middletown, Md

19. March 7 1946 Main Gladhill Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5 1946 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 3 1946 to Mar 5 1946

and that I last saw him alive on Mar 4 1946

Immediate cause of death Coronary Occlusion

DURATION 2 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur Home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Hays M. D. or other

Address Middletown Date signed 3-6-46

RECEIVED
MAR 18 1946
BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 27

CERTIFICATE OF DEATH

02652

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 7 W. Fourth(If rural, give LOCATION)
none

2.(a) If veteran, name war

3. (a) FULL NAME

George Howard Kussmaul

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Emma Engelbrecht7. Birth date of deceased (mo., day, yr.) Sept. 9, 18508. AGE: Years 95 Months 6 Days 16
If less than one day
..... hrs. min.9. Birthplace Frederick, Frederick, Md.
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name George Kussmaul,13. Birthplace Germany.14. Maiden name Sophia Cline,15. Birthplace Fred., Co., Md.16. Informant Miss. Helen E. Kussmaul,Address 7 W. 4th. St., Frederick, Md.17. Burial Date thereof 3/27/46

(Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Mount Olivet Cem.Location Frederick, Md.18. Funeral director M. R. Etchison & Son,Address Frederick, Md.19. 26 March 19 46 Elizabeth G. Heck.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 25th. 19 46 at 8.50A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19 44 to March 25 19 46
and that I last saw him alive on March 18 19 46Immediate cause of death General Debility

DURATION

Gen. Debility - senilis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arnold W. Calk. M.D.Address Frederick, Md. M.D. or otherDate signed 3/25/46

RECEIVED

MAR 27 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

02653

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 hrs.

Hospital, institution, or street address where death occurred:

44 E. Third St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 3333 N. Charles St.

(If rural, give LOCATION)

2.(a) If veteran, name war

None ✓

3. (a) FULL NAME

George William Latimer

3. (b) Social Security Number

213-09-7123

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Elizabeth Munday6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) March 3, 1875

8. AGE:

Years

Months

Days

If less than one day

71026

hrs.

min.

9. Birthplace Utica, New York
(Town, county, and state)10. Usual occupation Sales Manager11. Industry or business Foster Mfg. Co.12. Name William L. Latimer,13. Birthplace Cherry Valley, N. Y.14. Maiden name Ellen Lord,15. Birthplace Near Utica, N. Y.16. Informant Mrs. George W. Latimer,Address 3333 N. Charles St., Balto., Md.17. Cremation Date thereof 4/1/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Semetary or crematory Linden ParkLocation Baltimore - Maryland18. Funeral director M. R. Etchison & Son,Address Frederick, Maryland19. 30 March 19 46
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29th., 19 46, at 9.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to 19.....
and that I last saw him alive on March 30th 19 46

Immediate cause of death

Cowdria rickettsii

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? -----
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury -----

Injured at work? -----

23. SIGNATURE

P. W. Bane

Medical Examiner

M. D. or other

Address Frederick, Md.Date signed 3/30/46

RECEIVED

APR 2 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 026544

1. PLACE OF DEATH:
County Frederick
City or town Lewistown - rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town m Lewistown - rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME
Elizabeth Bell Leatherman

3. (b) Social Security Number
none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Luther E. Leatherman
6. (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) November 18, 1883
8. AGE: Years 62 Months 3 Days 26 If less than one day
..... hrs. min.

9. Birthplace Thurmont, Frederick Co., Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
12. Name John M. Powell
13. Birthplace Thurmont, Md.
14. Maiden name Emma Shorb.
15. Birthplace Frederick, Md.

16. Informant Luther E. Leatherman
Address Thurmont, Md.

17. Burial Date thereof Mar. 7, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Utica Cemetery
Location Utica, Md.

18. Funeral director M. L. Creager & Son
Address Thurmont, Md.

19. Mar. 5 19 46 Blaugher, S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1946 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 2 - 1946 to March 4 1946
and that I last saw him alive on March 2 1946

Immediate cause of death Cerebral Hemorrhage DURATION 2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Gray M.D.

Address Thurmont Md Date signed Mar. 5, 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 7 1946

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age **MARYLAND STATE DEPARTMENT OF HEALTH**
 of deceased is shown on 1946
FILM No. 101 MAR 26 1946
CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

02655

★ Reg. Dist. No. 144

1. PLACE OF DEATH:County..... **Frederick**City or town..... **Thurmont**
 (If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... **Lifetime**

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... **Maryland** County..... **Frederick**City or town..... **Thurmont**
 (If outside city or town limits, write RURAL and give nearest town)Street No..... **West Main St.**
 (If rural, give LOCATION)2.(a) If veteran, name war..... **no****3. (a) FULL NAME****Clarence Wilson Lidie****3. (b) Social Security Number****None.**

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife..... **Sarah Arrington Lidie**6.(c) If alive, give age..... **66** years

7. Birth date of

deceased (mo., day, yr.)..... **February 14, 1877**

8. AGE:

Years

Months

Days

If less than one day

69**66-****4**

.....hrs.min.

9. Birthplace..... **Thurmont, Frederick Co., Md.**
 (Town, county, and state)10. Usual occupation..... **U.S. Mail Carrier**

11. Industry or business

12. Name..... **Jacob Lidie**

13. Birthplace

Thurmont, Md.

MOTHER

14. Maiden name..... **Rosanna Riley**

15. Birthplace

Thurmont, Md.16. Informant..... **Mrs. Clarence Liday**

Address

Thurmont, Md.17. **Burial** Date thereof..... **March 20, 1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... **Blue Ridge Cemetery**Location..... **Thurmont, Md.**18. Funeral director..... **M. L. Creager & Son**

Address

Thurmont, Md.19. **Mar. 18** 19**46**..... **Blanche L. Eyles**
 (Date rec'd by registrar) Registrar**MEDICAL CERTIFICATION**20. DATE OF DEATH..... **March 18, 1946** 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 19**45** to **Mar. 18** 19**46**
 and that I last saw him alive on **March 18** 19**46**

Immediate cause of death

Heart disease
Chronic Myocarditis

DURATION

1 year

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Address..... **Thurmont, Md.** Date signed..... **Mar 18 46**

RECEIVED
MAR 20 1944
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

02656

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

339 East Third Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 339 East Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

WILLIAM DAVID LIPPS

3. (b) Social Security Number

214-10-2110

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife Florence M. Andrews

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) August 21, 1873

8. AGE:

Years

Months

Days

If less than one day

72

7

6

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Mechanical Engineer

11. Industry or business Ox Fibre Brush Company

12. Name Thomas S. Lipps

13. Birthplace Frederick County Maryland

14. Maiden name Martha Poffenberger

15. Birthplace Frederick County Maryland

16. Informant Mrs. Florence A. Lipps

Address 339 E. 3rd St., Frederick, Md.

17. Burial Date thereof 3/30/46

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 28 March 1946
(Date rec'd by registrar)

Elizabeth G. Hede
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27th, 1946 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14, 1945 to Mar 27, 1946 and that I last saw him alive on Mar 27th, 1946

Immediate cause of death

Diabetes

Arteriosclerosis

Osteitis deformans

Due to

DURATION

14 yrs.

1 yr.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert S. Lyons M. D.

M. D. or other

Address Frederick, Maryland Date signed 3-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 1/11/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 1/11/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 616 Maryland Ave.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Michael Long

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Separated6.(b) Name of ~~husband~~ wifeNellie Long

7. Birth date of deceased (mo., day, yr.)

Sept. 17, 1888

6.(c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

57523

.....hrs.min.

9. Birthplace

Germany

(Town, county, and state)

10. Usual occupation

Concrete worker

11. Industry or business

FATHER

12. Name

Peter Long

13. Birthplace

Germany

MOTHER

14. Maiden name

Mary Sweninger

15. Birthplace

Germany

16. Informant

Deceased

Address

17.

Burial Date thereof Mar. 15, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Shelcrest

Location

Cumberland, Md.

18. Funeral director

Address

Cumberland, Md.

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 19 46 at 1:45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 11 19 46 to March 12 19 46and that I last saw him alive on March 12 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

8 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. BacciM. D. DECEASEDAddress State Sanatorium, Md. Date signed 3/12/46

RECEIVED

MAR 14 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 152

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 8/27/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 8/27/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Anne Arundel
 City or town Linthicum
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Furnace Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Cecile Martin

3. (b) Social Security Number

214-07-2863

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband ~~xxxx~~ Lawny Martin

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1911 6.(c) If alive, give age 43 years

8. AGE: Years 34 Months 3 Days 16 If less than one day hrs. min.

9. Birthplace Okonoko, W.Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name James E. Kupes13. Birthplace Baltimore, Md.14. Maiden name Etta V. Snyder15. Birthplace Little Capon, W.Va.16. Informant Deceased

Address

17. Burial Date thereof March 28, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesley ChapelLocation Wesley Chapel, W.Va.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. 3/17 19 46

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 19 46 at 10:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 27 19 45 to March 17 19 46
 and that I last saw him/her alive on March 17 19 46

Immediate cause of death Far advanced bilateral pulmonary tuberculosis
 Due to 2 yrs., 3 mos.

Due to

Due to

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. B. BaconAddress State Sanatorium, Md. Date signed 3/18/46M. D. Bacon

RECEIVED

MAR 19 1946

BUREAU OF S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: Frederick Co
 County.....
 City or town RD. Jefferson Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? One week
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... 210

3. (a) FULL NAME

Nannie B Maser

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife.....
 5. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Nov 2nd 1895
 8. AGE: Years 50 Months 4 Days 10 If less than one day
 hrs. min.

9. Birthplace Jefferson Frederick Co Md
 (Town, county, and state)

10. Usual occupation Housekeeping

11. Industry or business

12. Name Alpha J Maser
 13. Birthplace Jefferson Md
 14. Maiden name Fannie Wyant
 15. Birthplace Boonsboro Md.

16. Informant Ellen Maser
 Address Jefferson

17. Burial Date thereof Dec 14 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Pleasant View Cemetery
 Location near Burkittsville

18. Funeral director Bladhill Co
 Address Middletown Md.

19. Mar 14 1946 Marie Bladhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1946 at 1:35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7 1946 to Mar 12 1946
 and that I last saw him alive on Mar 10 1946

Immediate cause of death.....
Carcinoma Uterus
 Due to metastasis to liver
 Due to.....
 Other conditions.....

DURATION

(Include pregnancy within 9 months of death)
 Major findings of operations Carcinoma body of uterus
 Date of op. Feb 11 1946

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? None (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE J S Sharp Md M. D. or other
 Address Middletown Date signed 3-13-46

RECEIVED

MAR 21 1946

BUUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85-2

CERTIFICATE OF DEATH

02660

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
511 N. Patrick St.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 511 N. Patrick St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Grace H. Mercer

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Grayson H. Mercer
 7. Birth date of deceased (mo., day, yr.) 4-6-1882 6.(c) If alive, give age — years

8. AGE: Years 63 Months 11 Days 18 It less than one day — hrs. — min.

9. Birthplace Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Elias Grove
 13. Birthplace Maryland

14. Maiden name Hensietta Rehne
 15. Birthplace Maryland

16. Informant G. Wilson Mercer
 Address Frederick - Maryland

17. Burial Burial Date thereof 3-27-1946
 (Burial, cremation, or removal, whichever) (month) (day) (year)
 Cemetery or crematory Mt. Olivet Cemetery
 Location Frederick - Md.

18. Funeral director C. E. Cline and Son
 Address Frederick - Md.

19. 25 March 46 Elizabeth G. Heck
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1946 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1946 to March 24 1946
 and that I last saw him alive on March 24 1946

Immediate cause of death Cerebral Vascular Disease DURATION 5 days

Due to Arteriosclerosis

Other conditions Angina Pectoris 2 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE A. A. Pearce M.D.
 Address Frederick, Md. M. D. or other —
 Date signed 3/25/46

RECEIVED

MAR 27 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-2)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 02661 131

1. PLACE OF DEATH:

County FrederickCity or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

OSCAR FRANKLIN MOCK

3. (b) Social Security Number

705-10-0520

| | | |
|-----------------------|----------------------------------|---|
| 4. Sex <u>Male</u> | 5. Color or race <u>White</u> | 6.(a) <u>Single</u> , married, widowed, or divorced <u>Married</u> |
|-----------------------|----------------------------------|---|

6.(b) Name of husband or wife Lena Harper Mock6.(c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) December 11, 1871

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>74</u> | <u>3</u> | <u>12</u> |hrs.min. |

9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Trackman-B. & O. Railroad

11. Industry or business

12. Name Albert Mock13. Birthplace Virginia14. Maiden name Elizabeth Davis15. Birthplace Virginia16. Informant Mrs. Lena Harper MockAddress Point of Rocks, Maryland17. Burial Date thereof March 25, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory St. Pauls CemeteryLocation Point of Rocks, Maryland18. Funeral director C. F. Cline & SonAddress Frederick, Maryland19. 25-March 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Mar 23 19 46 at 9:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10, 45 to Mar 19, 46 and that I last saw him alive on Mar 20 19 46Immediate cause of death Cerebral Anomly DURATION 30 miDue to Myocardial Infarction 15410Due to SenilityOther conditions Cerebral Anomly 3 mo

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE G. J. Davis M. D. or otherAddress Jefferson Rd 325/46 Date signed _____

CERTIFICATE OF DEATH

UNITED STATES DEPARTMENT OF HEALTH

MAINTAINING STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINATION

RECEIVED
MAR 27 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02662

Reg. Dist. No.

131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
217 South Market Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 217 S. Market St.
 (If rural, give LOCATION)
 2(a) If veteran, name war... None

3. (a) FULL NAME

GEORGE EDWARD

Morgan

3. (b) Social Security Number

214-10-5644

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Margaret Newton Morgan
 6. (c) If alive, give age 31 years
 7. Birth date of deceased (mo., day, yr.) March 22, 1909
 8. AGE: Years 36 Months 11 Days 21 If less than one day
 hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1946, at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15 1946 to March 15 1946
 and that I last saw him live on March 15 1946

Immediate cause of death

Coronary occlusion

DURATION

Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. BaePhysician

M. D. or other

Address Frederick, Md. Date signed 3.15.46

9. Birthplace Frederick, Maryland
 (Town, county, and state)
 10. Usual occupation Timber Worker
 11. Industry or business
 12. Name Albert Morgan
 13. Birthplace Frederick County, Md.
 14. Maiden name Katie Jones
 15. Birthplace Frederick County, Md.
 16. Informant Mrs. Margaret Newton Morgan
 Address 217 South Market Street
 17. Burial Date thereof March 18, 1946
 (Burial, cremation, or removal) (month) (day) (year)
 Cemetery or crematory Mt. Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director C. E. Cline & Son
 Address 8 E. Patrick St. Frederick, Md.
 19. 16 March 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

RECEIVED

MAR 19 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02663

CERTIFICATE OF DEATH

Reg. Dist. No. 131

FILM No. I O 4 MAY 31 1946

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 hours

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 12 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Mount Pleasant
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

GOLDIE M. ODEN

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>F</u> | 5. Color or race <u>W</u> | 6. (a) Single, married, widowed, or divorced <u>M</u> |
|--------------------|------------------------------|--|

8. (b) Name of husband or wife Thomas D. Oden8. (c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) March 4, 1890

| | | | | |
|-----------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| <u>56</u> | <u>46</u> | <u>0</u> | <u>25</u> |hrs.min. |

9. Birthplace Keyesville, Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name John Shank13. Birthplace Unknown14. Maiden name Ella - Unknown15. Birthplace "16. Informant Thomas D. OdenAddress R. F. D. #1, Frederick, Md.17. Burial Date thereof 4/1/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. April 19 46 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29th, 1946 at 8:25A M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 28 19 46 to Mar 29 19 46 and that I last saw her alive on Mar 29 19 46

Immediate cause of death

Due to Cerebral Hemorrhage 2 1/2 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE EP Thomas M. D.Address Frederick, Maryland Date signed 3-30-46

RECEIVED

APR 2 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (102)

CERTIFICATE OF DEATH

02664
Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 8 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adamstown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

HATTIE LOUISE O'HARA

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>F</u> | 5. Color or race <u>W</u> | 6. (a) Single, married, widowed, or divorced <u>S</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

T. Birth date of deceased (mo., day, yr.) June 22, 1914

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | It less than one day |
| | <u>31</u> | <u>8</u> | <u>9</u> | _____hrs. _____min. |

9. Birthplace Adamstown-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

| | |
|--------|---|
| FATHER | 12. Name <u>Woodward A. O'Hara</u> |
| | 13. Birthplace <u>Frederick County Maryland</u> |

| | |
|--------|---|
| MOTHER | 14. Maiden name <u>Hattie Scarff</u> |
| | 15. Birthplace <u>Frederick County Maryland</u> |

16. Informant Mrs. Hattie S. O'HaraAddress Adamstown, Maryland11. Burial Date thereof 4/3/46
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Reformed CemeteryLocation Church Hill-Frederick, Md. R.D.#419. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2-April 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31st, 1946 at 9 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1942 to March 31 19 46
and that I last saw her alive on March 31 19 46

Immediate cause of death

Malignant Hypertension

DURATION

T

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Howard W. Clark, M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-2-46

RECEIVED

APR 3 1946

BUREAU V. S.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02065

1. PLACE OF DEATH

County FrederickRegistration Dist. No. 186Village or City Hyattstown

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 75 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

John Hanson Granville Page(a) Residence No. Frederick Co. Ind.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofKatherine S. Page

6. DATE OF BIRTH (month, day, and year)

Oct. 4 - 1868

7. AGE

Years

Months

Days

If LESS than

775221 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Farmer10. Date deceased last worked at
this occupation (month and
year)193511. Total time (years)
spent in this
occupationLife

12. BIRTHPLACE (city or town)

(State or country)

Montgomery Co. Ind.

FATHER

13. NAME

George David Page

14. BIRTHPLACE (city or town)

(State or country)

Frederick Co. Ind.

MOTHER

15. MAIDEN NAME

Elizabeth Amberger

16. BIRTHPLACE (city or town)

(State or country)

Frederick Co. Ind.17. INFORMANT
(Address)Arno G. Page

18. BURIAL, CREMATION, OR REMOVAL

Place

Frederick

Date

Mar. 29, 194619. UNDERTAKER
(Address)W. L. Burdette
Hyattstown Ind.

20. FILED

March 29, 1946 G. C. Lindroos

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March261946

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 101944

to

Mar 261946

I last saw him alive on

March 211946

; death is said

to have occurred on the date stated above, at 10:30 P.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic MyocarditisDate of onset
1944

Other Contributory Causes of Importance:

Arteriosclerosis
Diabetes mellitus19361940

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Ernest P. Roach

M. D.

(Address)

New Market, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------------|
| <i>Arteriosclerosis</i> | <i>1915</i> |
| <i>Chronic interstitial nephritis</i> | <i>1921</i> |
| <i>Cerebral hemorrhage</i> | <i>July 5, 1927</i> |
| | |
| Other contributory causes of importance: | |
| <i>Gallstones</i> | <i>May 1, 1923</i> |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |
| | |
| Other contributory causes of importance: | |
| <i>Gastroenteritis</i> | <i>1 year</i> |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 139

CERTIFICATE OF DEATH

02666

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Month & 14 Days
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 1 Month & 14 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 165 West All Saint Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JAMES ROLAND PARKER

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>M</u> | 5. Color or race <u>C</u> | 6. (a) Single, married, widowed, or divorced <u>S</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 7, 1946

| | | | | |
|---------|----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>0</u> | <u>1</u> | <u>14</u> | hrs. min. |

9. Birthplace Frederick-County Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
 12. Name Ricardo Hall
 13. Birthplace Frederick County Maryland

MOTHER
 14. Maiden name Anna Mae Parker
 15. Birthplace Frederick County Maryland

16. Informant Anna M. Parker
 Address 165 W. All Saint St., Frederick

17. Burial Date thereof 3/22/46
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Fairview Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 22 March 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21st, 1946 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 7 1946 to March 21 1946
 and that I last saw him alive on March 21 1946

Immediate cause of death Malnutrition

DUE TO Prematurity

DUE TO

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Hymas M. D.

Address Frederick, Maryland M. D. or other 3-22-46
 Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 25 1946
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FredereichCity Fredereich
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredereichCity or town New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Carolyn Virginia Beach

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Caucas

6. (a) Single, married, widowed, or divorced

✓

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

February 20, 1946

8. AGE:

Years 0Months 01Days 39

If less than one day

9. Birthplace

Fredereich, Fredrich Co., Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

Howard Williams

13. Birthplace

Fredereich Co., Maryland

14. Maiden name

Frances Pauline Beach

15. Birthplace

Fredereich Co., Maryland

16. Informant

Virginia Lidd

Address

Queen Mary Hosp - Fredereich Md

17. (Burial, cremation, or removal, which)

Burial

Date thereof

April 15, 1946
(month) (day) (year)

Cemetery or

Simpsons Chapel

Location

New Market Md

18. Funeral director

W.E. Falcones

Address

New Market Md

19.

1-April 1946
(Date registered by registrar)Elizabeth G. Hecker
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1946 at 5:11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 20, 1946 to March 31, 1946and that I last saw him alive on March 31, 1946

Immediate cause of death

Broncho-pneumonia

DURATION

4 daysDue to Malnutrition1 week

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

B.O. Thomas Jr.
Fredereich, Md. M. D. or other _____Address _____ Date signed 3/31/46

RECEIVED

APR 2 1946

BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

02668

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH

County Fredrick

City or town Lantz Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Fredrick

City or town Lantz Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Richard Harry Portner

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb. 25 - 1946

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

15

hrs.

min.

9. Birthplace

Lantz Fredk Co md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

mdh 11-46
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

mar. 11

1946

Blanchard S. Eyles
Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH mdh 10 19 46 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 9 - 1946 to March 10 - 1946

and that I last saw him alive on March 9 - 1946

Immediate cause of death

Pneumonia

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James K. Gray

MD.

M. D. or other

Address Thurmont Md. Date signed 3/11/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 13 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

02669

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/13/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/13/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Mechanicsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry McKinley Posey

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 12/4/1892 6. (c) If alive, give age _____ years

8. AGE: Years 53 Months 3 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace St. Mary's County, Md.
 (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business _____

12. Name Charles Posey13. Birthplace St. Mary's County, Md.14. Maiden name Blanche Curry15. Birthplace St. Mary's County, Md.16. Informant Deceased

Address _____

17. Burial Date thereof 3/13/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Mt. ZionLocation Laurel Grove, Maryland18. Funeral director W. C. Mattingley SonsAddress Leonardtown, Maryland19. 3/10 46 _____

(Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 19 46 at 6:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 19 45 to March 10 19 46
 and that I last saw him alive on March 10 19 46.

Immediate cause of death Pulmonary Tuberculosis DURATION 12 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Bacci M. D. XXXXAddress State Sanatorium, Md. Date signed 3/11/46

RECEIVED
MAR 12 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/24/44
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/24/44

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 404 S. Bouldin St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Roberts

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 14, 1875
 8. AGE: Years 70 Months 8 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Europe
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Joseph Prochaska
 13. Birthplace Bohemia
 14. Maiden name Antoinette Steinberg
 15. Birthplace Bohemia

16. Informant Deceased
 Address _____
 17. Burial Date thereof March 5, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Holy Redeemers
 Location Baltimore, Md.
 18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland
 19. 3/1/46 19 _____
 (Date rec'd by registrar) Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 19 46, at 4:20 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 24 19 44, to March 1 19 46
 and that I last saw her alive on March 1 19 46

Immediate cause of death Pulmonary Tuberculosis
 DURATION 2 Yrs.
~~XXXX~~ Cerebral Apoplexy 1 day

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Lipp M. D. ~~XXXX~~
 Address State Sanatorium, Md. Date signed 3/1/46

RECEIVED

MAR 2 1946

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 24

CERTIFICATE OF DEATH

Reg. Dist. No. 02671 135

1. PLACE OF DEATH: *Frederick*
 County.....
 City or town.....*Rural - Myersville*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*82 yrs*
 Hospital, institution, or street address where death occurred.....
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Frederick*
 City or town.....*Rural - Myersville*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....*W. Ellerton*
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Nellie F. Routzahn* 3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Single*
 6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *July 16, 1863* 6.(c) If alive, give age..... years

8. AGE: Years *82* Months *8* Days *2* If less than one day..... hrs. min.

9. Birthplace *W. Ellerton, Frederick Co., Md*
 (Town, county, and state)

10. Usual occupation *Retired*

11. Industry or business *Domestic*

12. Name *Ludwig Routzahn*

13. Birthplace *W. Ellerton, Fred Co. Md*

14. Maiden name *Mary M. Markel*

15. Birthplace *Frederick Co., Md*

16. Informant *J. F. Routzahn*

Address *Myersville, Md*

17. *Burial* Date thereof *March 21, 1946*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *St. John's Lutheran*

Location *Church Hill*

18. Funeral director *J. Thomas Bitts & Son*

Address *Myersville, Md*

19. *March 20* 19 *46* *Charles L. Leatherman*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *March 18* 19 *46*, at *3:47* P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Oct* 19 *45*, to *Mar 18* 19 *46*

and that I last saw her alive on *Mar 15* 19 *46*

Immediate cause of death..... DURATION

Chronic Valvular Heart Disease *5 yrs*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? *None* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE *J. H. Harp MD*

Address *W. Ellerton* M. D. or other

Date signed *3-19-46*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1945
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02672

CERTIFICATE OF DEATH

★ Reg. Diat. No. 139

1. PLACE OF DEATH:

County..... Frederick
 City or town..... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 3/5/46
 Hospital, institution, or street address where death occurred:
 Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 3/5/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Carroll
 City or town..... Westminster
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Route 6
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME

George Herman Saylor

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) March 28, 1896
 8. AGE: Years 49 Months 11 Days 23 If less than one day hrs. min.
 6. (c) If alive, give age..... years

9. Birthplace..... Westminster, Md.
 (Town, county, and state)

10. Usual occupation..... Carpenter

11. Industry or business.....

FATHER 12. Name William Saylor
 13. Birthplace Carroll Co., Md.
 MOTHER 14. Maiden name Catherine Baker
 15. Birthplace Carroll Co., Md.

16. Informant Davis Saylor (Son)
 Address R. 6, Westminster, Md.

17. Burial Date thereof 3/25/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery..... Deer Park
 Location..... Smallwood, Md.

18. Funeral director J. Francis Reese
 Address Westminster, Md.

19. 3/23/46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 23, 1946, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 March 5, 1946, to March 23, 1946
 and that I last saw him alive on March 23, 1946

Immediate cause of death..... Pulmonary Tuberculosis DURATION 3 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... R. G. Saylor M. D. Saylor

Address..... State Sanatorium, Md. Date signed 3/23/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 25 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

02673

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 Years
 Hospital, institution, or street address where death occurred:
Near Yellow Spring
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Yellow Spring
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

HOWARD LUTHER SHANKLE

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Ann Morgan

6. (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) October 4, 1870

8. AGE: Years 75 Months 5 Days 10 If less than one day hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name David Shankle

13. Birthplace Frederick County Maryland

14. Maiden name Harriett Stull

15. Birthplace Frederick County Maryland

16. Informant Mr. Raymond Shankle

Address Adamstown, Maryland

17. Burial 3/16/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pleasant Hill Cemetery

Location Frederick, Maryland R.F.D. #3

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 16 March 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 14th, 1946 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10th 1946 to March 14th 1946

and that I last saw him alive on March 13th 1946

Immediate cause of death Coronary Thrombosis

Due to Myocarditis

Other conditions None

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of Injury None Injured at work? None

23. SIGNATURE Frank H. Hedger M. D.

Address Frederick, Maryland Date signed 3-14-46

RECEIVED

MAR 19 1946

BUREAU V.S.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County FredericksRegistration Dist. No. 145Village or City Myersville

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Myersville

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofHattie V. Shepley

6. DATE OF BIRTH (month, day, and year)

April 27, 1882

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.631026

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Retired Farmer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Myersville, Md.
(State or country)

FATHER

13. NAME

Aaron Shepley

14. BIRTHPLACE (city or town)

Myersville, Md.

(State or country)

MOTHER

15. MAIDEN NAME

Susan R. Longman

16. BIRTHPLACE (city or town)

Myersville, Md.

(State or country)

17. INFORMANT

(Address)

Hattie V. Shepley
Myersville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Lutheran Cemetery

Date

3-26, 1946

19. UNDERTAKER

(Address)

Bladhill Company
Middletown, Md.

20. FILED

Date

Mar 26, 1946
Edgar Bitts

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

3 -
(Month)23
(Day)1946
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

2-26

1946, to

3-24

1946

I last saw him alive on

2-22

1946; death is said

to have occurred on the date stated above, at 3:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Splenomegaly

Date of onset

2Duration
about 14

Other Contributory Causes of importance:

Ascites, Cardiac Enlargement

Name of operation

Date of

What test confirmed diagnosis?

PhysicalWas there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify

ascertained

(Signed)

Ulysses S. Boone, Jr. M. D.

(Address)

Fredericks, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i> | <i>1915</i> |
| <i>Chronic interstitial nephritis</i> | <i>1921</i> |
| <i>Cerebral hemorrhage</i> | <i>July 5, 1927</i> |

Other contributory causes of importance:

| | |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |

Other contributory causes of importance:

| | |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
16 Jefferson Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 16 Jefferson Street
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

SARAH CATHARINE FULMER SMITH

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced
Widowed

B. (b) Name of husband or George C. Smith

B. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 29, 1868

8. AGE: Years 77 Months 6 Days 21 It less than one day
hrs.min.

9. Birthplace Frederick, Maryland
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business

12. Name Harman Fulmer13. Birthplace Frederick County, Maryland14. Maiden name Charlotte Heller15. Birthplace Frederick County, Maryland16. Informant Misses Bertha May & Pearl A. SmithAddress Frederick, Maryland17. Burial Date thereof March 23, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress 8 East Patrick Street, Frederick, Md.19. 21 March 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 19 46 at 10:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 46, to March 20 19 46.and that I last saw her alive on March 20 19 46Immediate cause of death acute dilatation heart DURATION24 hours
10 yearsDue to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. Smith M. D. or otherAddress Frederick Date signed 3-21-46

RECEIVED
MAR 22 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

CERTIFICATE OF DEATH

02676 131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Rural Clifton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:
Rural Clifton, Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Frederick
 City or town Clifton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Clifton vs. Brodbeck
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Mathilde G. Vande Stadt

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 8. (b) Name of husband or wife Cornelius Vande Stadt
 (dead) 8. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 16 - 1852
 8. AGE: Years 94 Months 0 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Holland
 (Town, county, and state)
 10. Usual occupation none
 11. Industry or business _____
 FATHER 12. Name unknown
 13. Birthplace " "
 MOTHER 14. Maiden name unknown
 15. Birthplace " "

16. Informant Mrs. Geo. Douglas
 Address Clifton Md
 17. Burial Date thereof 3/23/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Olivet
 Location Frederick Md
 18. Funeral director Harry E. Garty Co.
 Address Frederick, Md.
 19. 22 March 19 46 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 19 46 at 12:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 19 46 to March 21 19 46
 and that I last saw her alive on March 21 19 46
 Immediate cause of death _____ DURATION 2 hr.
Myocardial Infarction
 Due to _____
Arteriosclerotic heart
Disease
 Other conditions Senility
 (Include pregnancy within 3 months of death)
 Major findings of operations none
 Date of op. _____
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE A. Arthur Deane, M.D.
 Address Frederick Md M. D. or other _____
 Date signed 3/22/46

RECEIVED
MAR 25 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

02677

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
908 Motter Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 908 Motter Avenue
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

GEORGE RAYMOND STRASBERGER

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Mollie Strasberger

7. Birth date of deceased (mo., day, yr.) March 12, 1879 8. (c) If alive, give age 40 years

8. AGE: Years 66 Months 11 Days 11 If less than one day hrs. min.

9. Birthplace Liberty, Frederick County, Md.
 (Town, county, and state)

10. Usual occupation Bowling Alley Operator

11. Industry or business

12. Name George W. Strasberger13. Birthplace Frederick County, Maryland14. Maiden name Mary Jane Eyler15. Birthplace Frederick County, Maryland16. Informant Mr. Francis L. StrasbergerAddress Frederick, Maryland

17. Burial March 4, 1946
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland

19. 2 March 1946 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 19 46 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to February 28, 1946
 and that I last saw him alive on February 28, 1946

Immediate cause of death Cerebral Thrombosis DURATION 24 hrs

Due to Chronic Myocarditis & Arteriosclerosis ?

Due to Arteriosclerosis 1
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE George W. Cline M.D. M. D. or other
 Address Frederick, Md. Date signed 3-2-46

15086

RECEIVED

RECEIVED

RECEIVED

MAR 4 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

02678

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

113 West Third Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 113 West Third Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

LAURA REBECCA BIEHL TROUT

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>F</u> | 5. Color or race <u>W</u> | 6. (a) Single, married, widowed, or divorced <u>M</u> |
|--------------------|------------------------------|--|

B. (b) Name of husband or Samuel C. Trout6. (c) If alive, give age 81 years7. Birth date of deceased (mo., day, yr.) August 18, 1864

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | It less than one day |
| | <u>81</u> | <u>7</u> | <u>8</u> |hrs.min. |

9. Birthplace Bruceville, Penna.
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

| | |
|--------|---|
| FATHER | 12. Name <u>David Biehl</u> |
| | 13. Birthplace <u>Adams County Penna.</u> |

| | |
|--------|---|
| MOTHER | 14. Maiden name <u>Rebecca White</u> |
| | 15. Birthplace <u>Adams County Penna.</u> |

16. Informant Miss Ruth R. Trout
Address 113 W. 3rd St., Frederick, Md.17. Burial Date thereof 3/29/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 28 March 1946 Elizabeth G. Hede
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26th, 1946 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19, 1946 to March 26, 1946
and that I last saw him alive on March 26, 1946

Immediate cause of death

Acute Coronary Thrombosis

Due to

Due to Arteriosclerosis

Other conditions

Angina Pectoris
Hypertension
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. O'Leary M. D.Address Frederick, Maryland Date signed 3-28-46

RECEIVED

MAR 29 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02679

★ Reg. Dist. No. 134

1. PLACE OF DEATH:

County Fredrick
 City or town Rural, Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 32 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Emmitsburg, R.D.#2
 (If rural, give LOCATION)
 2.(a) If veteran, name war 4 Miles S. East

3. (a) FULL NAME

Mary Lucretia Valentine

3. (b) Social Security Number

no

4. Sex Fm 5. Color or race white 6.(a) Single, married, widowed, or divorced widow
 B.(b) Name of husband or wife Henry Albert Valentine
 (b.c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 2, 1859
 8. AGE: Years 86 Months 11 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Fredrick Co., Md.
 (Town, county, and state)
 10. Usual occupation Housekeeper
 11. Industry or business

FATHER 12. Name William Mort
 13. Birthplace Fredrick Co., Md.
 MOTHER 14. Maiden name Mary E. Kane
 15. Birthplace Fredrick Co., Md.

16. Informant Virginia M. Valentine
 Address Emmitsburg, Md. R.D.#2

17. burial Date thereof March 31, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Union
 Location Keyville, Md.

18. Funeral director S. L. Allison
 Address Emmitsburg, Md.

19. Mar 29, 46 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 46 at 6:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to Mar. 28, 46
 and that I last saw him or alive on March 28, 46
 Immediate cause of death Syphilitic Pneumonia DURATION 3 days
 Due to Senility, chronic myocardiitis + arteriosclerosis several years
 Due to arteriosclerosis years
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE W. R. Caddle MD M. D. or other _____
 Address Emmitsburg, Md. Date signed 3-29-46

HEALTH OF THE TERRITORY OF ALASKA

OFFICE OF THE ATTORNEY GENERAL

ALASKA TO ALASKA

ALASKA TO ALASKA

ALASKA TO ALASKA

RECEIVED

APR 2 1946

BEAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17)

02680

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick, Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 8 1/2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

JAMES ABRAHAM VORHEES

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 20, 1902 8.(c) If alive, give age _____ years8. AGE: Years 43 Months 8 Days 11 If less than one day _____ hrs. _____ min.9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Abraham Vorhees
13. Birthplace Darlin, W. Virginia14. Maiden name Sarah Kline
15. Birthplace Frederick County Maryland16. Informant I. Virginia Lidie
Address Frederick, Maryland17. Burial Date thereof March 5, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Park Heights
Brunswick, Md.
Location18. Funeral director C. H. Feete & Bros.
Address Brunswick, Md.19. 4 March 1946 Elizabeth G. Hede
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1946 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1, 1946 to March 4, 1946
and that I last saw him live on March 4, 1946Immediate cause of death Second & Third
degree burns of head arms
& trunk, shock

DURATION

8 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of March 3 46
Where did injury occur? Brunswick, Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Poloma View Camp
Means of injury fire Injured at work? no23. SIGNATURE P.W. Barr DR. R. W. BARR
M. D. of FrederickAddress Frederick Date signed 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 6 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1315)

02681

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town near Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

27 days

3. (a) FULL NAME

John Wachter

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Emma F. Zimmerman

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Feb. 3 - 1859

8. AGE:

Years

Months

Days

If less than one day

87119

hrs.

min.

9. Birthplace

Frederick Co. Md

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Michael Wachter

12. Name

Frederick Co. Md

13. Birthplace

Frederick Co. Md

14. Maiden name

Rebecca Rose

15. Birthplace

Frederick Co. Md

16. Informant

Mrs Chester Zenhart

Address

Thurmont. P. F. 10. Md

17. Burial

Frederick Co. Md

18. Funeral director

M. L. Cressy

Address

Thurmont Md

19. 23 - March 19 46

(Date rec'd by registrar)

Elizabeth H. Hede

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. R 70 #1

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 46 at 9 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 24 19 46 to March 22 19 46and that I last saw him alive on March 22 19 46

Immediate cause of death

Chronic nephritis

DURATION

10 years

Due to

Due to

Other conditions

Arterio-sclerosis20 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where)?

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hanna Jr.

Address

22 N. Market St. Fred'k, Md.

M. D. or other

Date signed March 22, 1946

REC-111
MAR 26 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

02682

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
Frederick City HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 8 East Second Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Walker, Mrs. Chas. D.

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White6.(a) Single, married, widowed, or divorcedMarried6.(b) Name of husband or wife Charles D. Walker6.(c) If alive, give age ---- years7. Birth date of deceased (mo., day, yr.) August 6, 1864

8. AGE: Years Months Days If less than one day

81717----- hrs. ----- min.9. Birthplace Frederick, Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Jasper Albaugh13. Birthplace Frederick County, Md.14. Maiden name Rachael Hoy15. Birthplace Frederick County, Md.16. Informant Mrs. Alexander JenkinsAddress Baltimore, Maryland17. Burial Date thereof March 24, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Central CemeteryLocation Nr. New Market, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 23 March 1946 Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1946, at 2³⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 21 1946 to March 23 1946and that I last saw her alive on March 23 1946

Immediate cause of death

Cerebral Vascular Disease

DURATION

2 days

Due to

Due to

Other conditions Hemiplegia (Rt.)

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

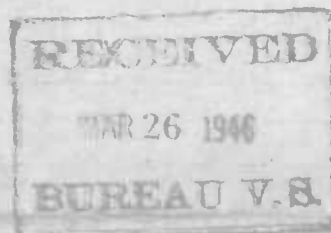
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Pearce, M.D.Address Frederick, Md. M. D. or otherDate signed 3/23/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02683

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
Since 1/14/46
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 1/14/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1026 W. Barre St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Felix Joseph Warner(or Varanuskas)

3. (b) Social Security Number

216-01-1684

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Dorothy Warner
 6.(c) If alive, give age 26 years
 7. Birth date of deceased (mo., day, yr.) Dec. 22, 1914
 8. AGE: Years 31 Months 2 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)
 10. Usual occupation Sheet metal worker
 11. Industry or business _____

12. Name George Warner
 13. Birthplace Lithuania
 14. Maiden name Sophia ?
 15. Birthplace Lithuania

16. Informant Deceased
 Address _____

17. Burial Date thereof March 29, 1946
 (Burial, cremation, or removal) Which? (month) (day) (year)
 Cemetery or crematorium Holy Redeemer Cem.
 Location Baltimore, Md.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. 3/16/46 19 _____
 (Date rec'd by registrar) Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 19 46 at 5:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 14 19 46 to Mar. 16 19 46
 and that I last saw him alive on March 16 19 46

Immediate cause of death
Tuberculosis of the lungs DURATION 59 Mos

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Searcy

M. D. J. H. H.
 Address State Sanatorium, Md. Date signed 3/18/46

RECEIVED

MAR 19 1946

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

02684

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/6/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/6/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Belair
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war. _____

3. (a) FULL NAME

Charles E. Watson

3. (b) Social Security Number

224-18-6776

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

5/15/1900

6. (c) If alive, give age _____ years

8. AGE:

Years
45Months
9Days
17

If less than one day

hrs. min.

9. Birthplace

Ash Co., N.C.

(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

FATHER
MOTHER

12. Name

Mack Watson

13. Birthplace

Virginia

14. Maiden name

Lenora Blackburn

15. Birthplace

North Carolina

16. Informant

Deceased

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

March 17, 1946
(month) (day) (year)

Cemetery or crematory

Oak Grove Cem.

Location

Bel Air, Md.

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 4

19

46

at 4:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 6

19

46

to March 4

19

46

and that I last saw h

im

alive on

March 4

19

46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

4 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged satisfactorily

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. D. Lynn

M. D. of

Address State Sanatorium, Md.Date signed 3/4/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02685

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
City or town Petersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All his life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Frederick
City or town Petersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Charles William Edward Wood.

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Colored Single

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1895 6. (c) If alive, give age in years

8. AGE: Years 50 Months 4 Days 28 If less than one day hrs. min.

9. Birthplace MD
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name Charles Wood

13. Birthplace MD.

14. Maiden name Anna Gilbert

15. Birthplace MD.

16. Informant Francis E Wood

Address Petersville MD

17. Burial Date thereof March 18- 46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Marys

Location Petersville MD

18. Funeral director C. H. Ratz & Son

Address Brunswick MD

19. 3-18- 19 46 Eugenia T. Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 19 46 at MD

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 44 to Mar 16 19 46
and that I last saw him alive on Mar 14 19 46

Immediate cause of death Generalized Peritonitis DURATION 3 mo

Due to Carcinoma Rectum 34 yr

Due to

Other conditions Anemia Secondary 14 yr

(Include pregnancy within 3 months of death)

Major findings of operations.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?

23. SIGNATURE C. H. Ratz M. D. or other

Address Jefferson MD Date signed 3/16/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 21 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 1/25/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 1/25/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 417 W. Pratt St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Vaitiekus Zakus

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) July 26, 1891 6.(c) If alive, give age _____ years
 8. AGE: Years 54 Months 7 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Lithuania
 (Town, county, and state)
 10. Usual occupation Clothes presser
 11. Industry or business _____
 12. Name John Zakus
 13. Birthplace Lithuania
 14. Maiden name Annie Lipkavich (?)
 15. Birthplace Lithuania
 16. Informant Deceased

Address _____
 17. Burial Date thereof March 17, 1946
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Holy Redeemer Cemetery
 Location Baltimore, Md.
 18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland
 19. 3/15/46 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 46, at 9 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 25 19 46 to March 14 19 46
 and that I last saw him alive on March 14 19 46

Immediate cause of death Tuberculosis of the Lungs
 DURATION 12 Mos.

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE R. G. Saccin M. D. ~~XXXX~~
 Address State Sanatorium, Md. Date signed 3/15/46

RECEIVED
MAR 16 1946
BUREAU V.A.